

Appendix 1 Application for Exceptional Leave of Absence

This application must be submitted to the Principal before the proposed period of exceptional leave. In case of emergency, this form must be completed beforehand, as far in advance as possible.

In line with DfE guidance, the school has a strict policy on Exceptional Leave. This applies to **ALL** the pupils in the school community. A copy of this form and the school's Attendance Policy can be obtained from the school office and from the school's website.

Name of child(ren):					Class/ Tutor		
Address of child(ren):							
Name of person completing application:					Do you have parental responsibility?	Yes	No
Name and address of person requesting leave: (if address is different to that given for children above)					Do you have parental responsibility?	Yes	No
Proposed date(s	s) of absence	From:		То:			
Please provide the names of any other siblings who attend other schools and date of birth: Name of school							
Reason for proposed absence (please continue on the reverse of this sheet if necessary)							
If the proposed absence relates to travel in the UK or abroad, please ensure that you detail the destinations you plan to visit							
Destination (if appropriate):							
Signature of parent/guardian Name of parent/guardian					Date of request		
arranged for you	ou to discuss you ord will be taken	ur application into considera	rincipal (or equivalent). The with the Principal. Evidence tion.	of travel bo	ookings may be	required. \	our child'
			our child fails to return on the				
-		ntnout agreen	ient, your child can lose their	SCHOOL Place	e and will be rei	movea irom	ron.
For official use only: Action					Initials	Date	
Seen by Principal (or equivalent)					Initials	Dute	
Principal's comments (e.g. in support or on attendance record)							
This absence is authorised unauthorised							
Evidence provided by the parent to support the request (travel documentation if going abroad is cited)							